Form Prescribed By Indiana State Board of Health under Authority of IC 31-7-3

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## STATE OF INDIANA **APPLICATION FOR MARRIAGE LICENSE**

FLOYD

\_ County

\_Circuit Court

IC 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-7-3 commits a Class D felony.	Female Applicant 50 No D Yes D / 29 / 11  If No, Medical Examination or Report Dated 8 / 29 / 11  Name of Physician D - No D - N
MALE APPLICANT	FEMALE APPLICANT
Date of Birth (State or foreign dountry)  Previous Marriage Ended By:  Date of birth verified by:  Birth Certificate  Divorce  Annulment  Date  Divorce  H answer is "yes," has the adjudication been removed?  Are you related to the female applicant closer than second cousin?	Name    First
3. Are you now under the influence of an alcoholic beverage? No 🖸 Yes 🗆	2. Are you related to the male applicant closer than second cousin?  No Yes   3. Are you now under the influence of an alcoholic beverage?  No Yes
List the full names of any dependent children.  (If adopted, list adoptive parents only)  (Brull maiden name of applicant's mother (If adopted, list adoptive parents only)  (If adopted, list adoptive parents only)  (Brull maiden name of applicant's mother (If adopted, list adoptive parents only)  (If adopted, list adoptive parents only)  Residence of mother (If deceased, so state)  (If adopted, list adoptive parents only)  Residence of mother (If deceased, so state)  Birthplace of mother (State or foreign country)	4. Are you now under the influence of a narcotic drug.  5. List the full names of any dependent children.  (If adopted, list adoptive parents only)  Residence of father (if deceased, so state)  Birthplace of tather (State or foreign country)  A CALLAGUAGE  Yes  Yes  Yes  Yes  Yes  Yes  Yes  Ye
ACKNOWLEDGMENT	ACKNOWLEDGMENT
acknowledge that I have received information regarding dangerous communicable diseases hat are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired mmune deficiency syndrome).  Signature of Applicant Date	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).  Signature of Applicant
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.  Clerk of Court
State of Indiana County of FLOYD Signed Auctor New Address Subscribed and Sworn to before me this  Administration given in this application is true and correct.  Aday of LUNC 19 PL  Circuit Court	State of Indiana  County of FLOYD  SS:  I swear/affirm that the information given in this application is true and correct.  V Signed  New Address  Subscribed and Evorn to before me this day of FLOYD  Circuit Court
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN
Ve, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, tate facts which make the consent of the other parent unnecessary	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary
State of Indiana ) ss:  County of	State of Indiana   )
Clerk	Clerk
COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.	A marriage license having been refused to the above named parties, the  Court, by written order issued
	es and directs the issuance of a marriage license to the above named parties.
certify that there was filed in my office a marriage license issued by the Claded	DAVID A. REYNOLDS  I further certify that the following marriage certificate was filed in my office:  (name), certify that on 6/12/92  in FLOYD County, Indiana, DAVID A.  County INDIANA (state), and RHONDA M.  sunty INDIANA (state) were married by me as authorized  FLOYD County, Indiana, dated 6/12/92  (TY, COURT (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on	6/15/92 (date).  Signed BETTY J. HAMMOND Clerk
•	Signed Clerk Circuit Court